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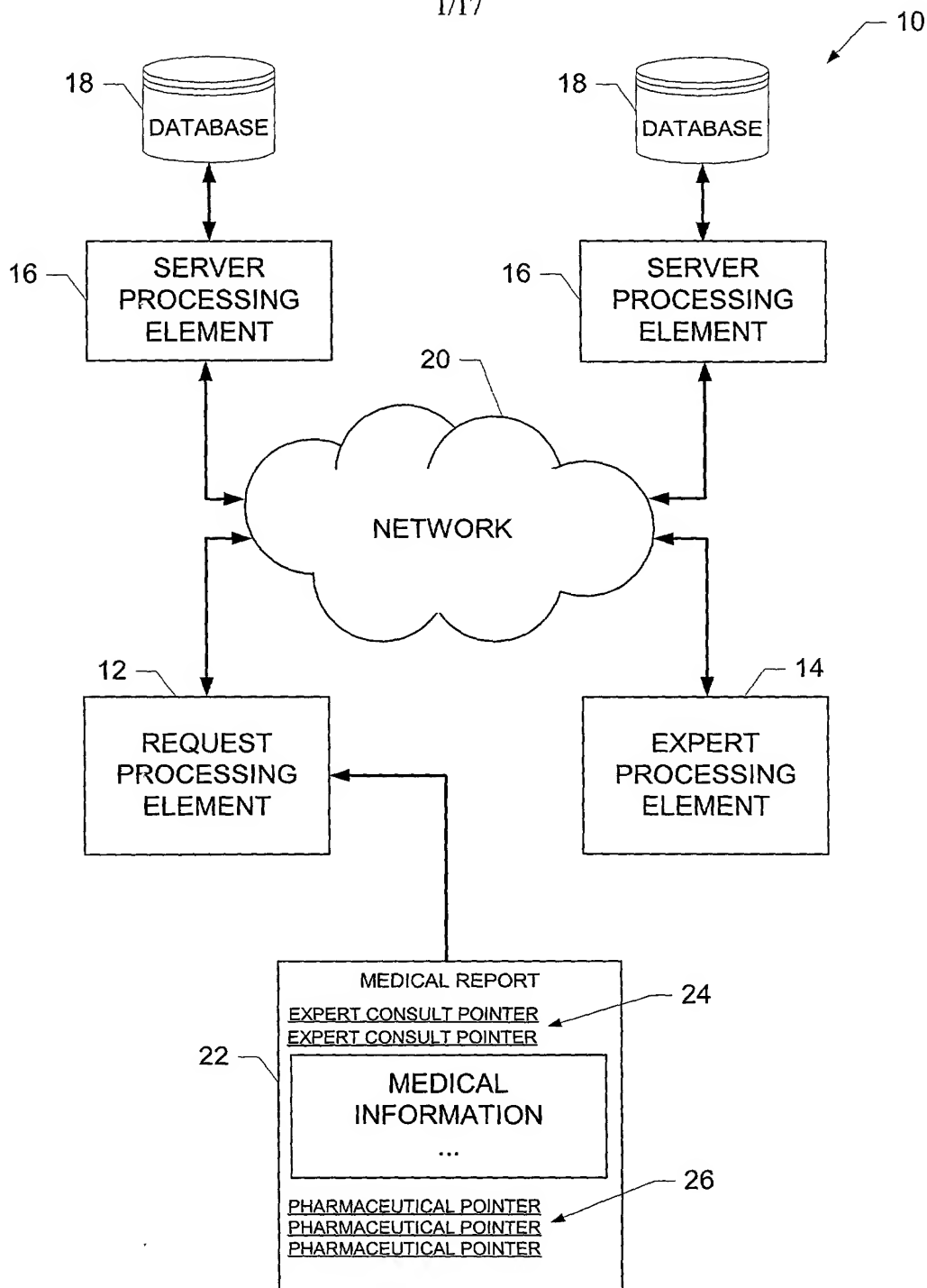


FIG. 1.

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EXPERT CONSULT REQUEST FORM

28 MEDICAL INFORMATION  
...

30 INPUT FIELD

32

34

36  
☐ CHOICE A ☒ CHOICE B  
☒ CHOICE A ☐ CHOICE B

38  
MAKE SELECTION ▼  
MAKE SELECTION ▼

☐ SELECTION 1  
☒ SELECTION 2

25

FIG. 2.

PHARMACEUTICAL PRODUCT REPORT

40 PHARMACEUTICAL  
PRODUCT INFORMATION

42 INPUT FIELD

32

34

36  
☐ CHOICE A ☒ CHOICE B  
☒ CHOICE A ☐ CHOICE B

38  
MAKE SELECTION ▼  
MAKE SELECTION ▼

☐ SELECTION 1  
☒ SELECTION 2

27

FIG. 3.

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The diagram illustrates a "MEDICAL CONSULTATION FORM" (44) containing two main sections. The top section, labeled "MEDICAL INFORMATION AND ADDITIONAL PATIENT INFORMATION" (46), is a rectangular box. The bottom section, labeled "CONSULTATION INPUT FIELD" (48), contains several interactive elements. It features two horizontal input fields (32 and 34). Below these are two rows of radio button options: the first row has "CHOICE A" (36) and "CHOICE B", and the second row has "CHOICE A" and "CHOICE B". Further down are two "MAKE SELECTION" buttons, each with a dropdown arrow. At the bottom of the input field are two checkboxes labeled "SELECTION 1" and "SELECTION 2". Reference numerals 32, 34, 36, and 38 point to specific elements within the input field section.

FIG. 4.

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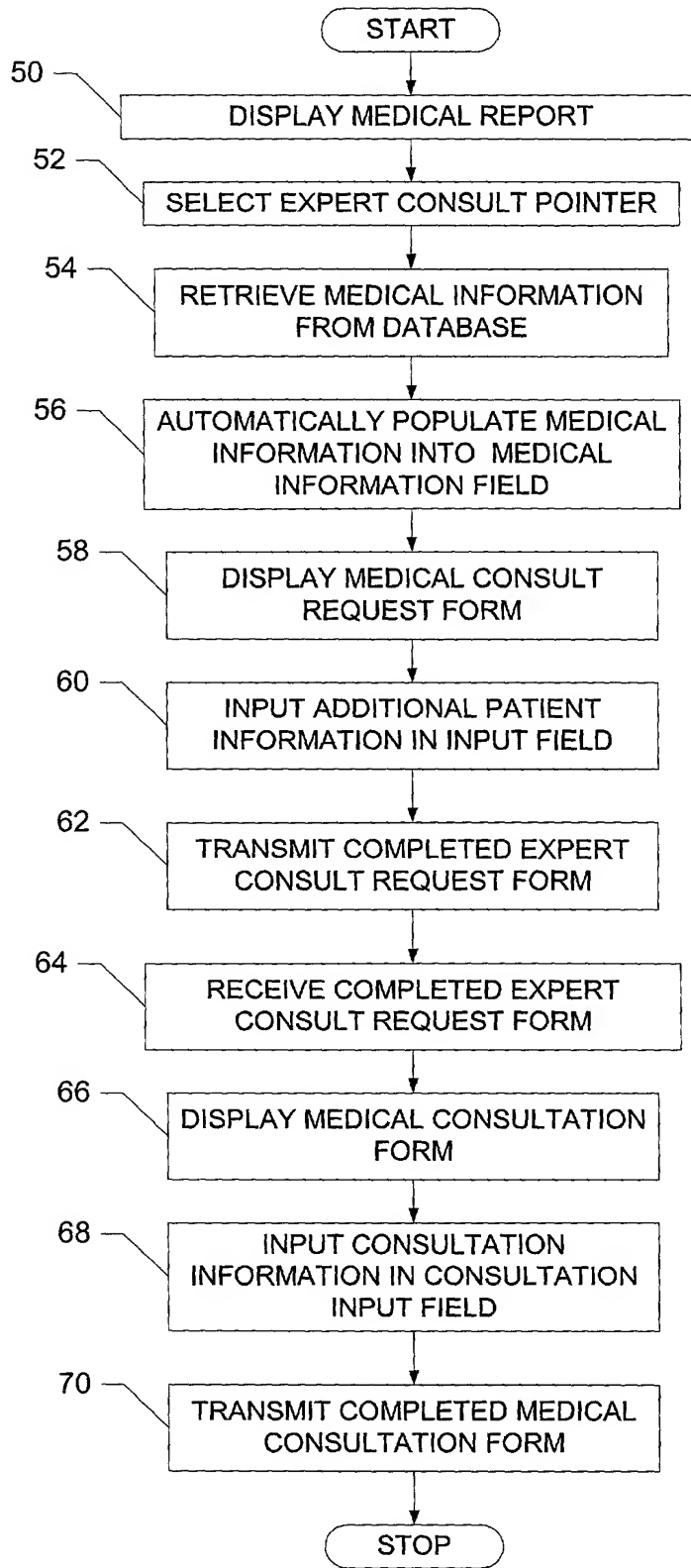


FIG. 5.

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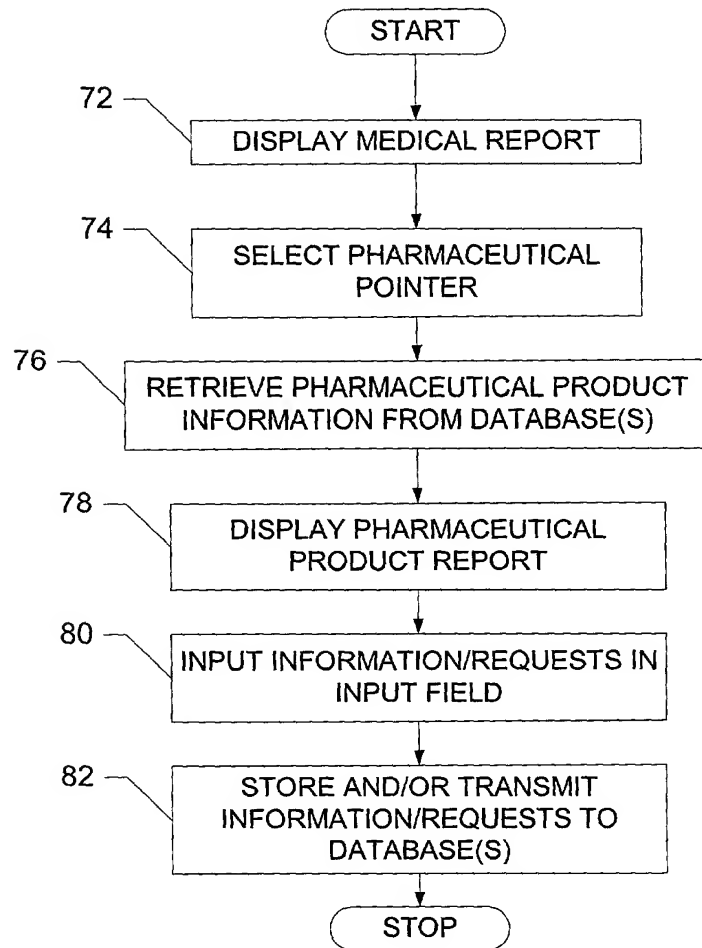
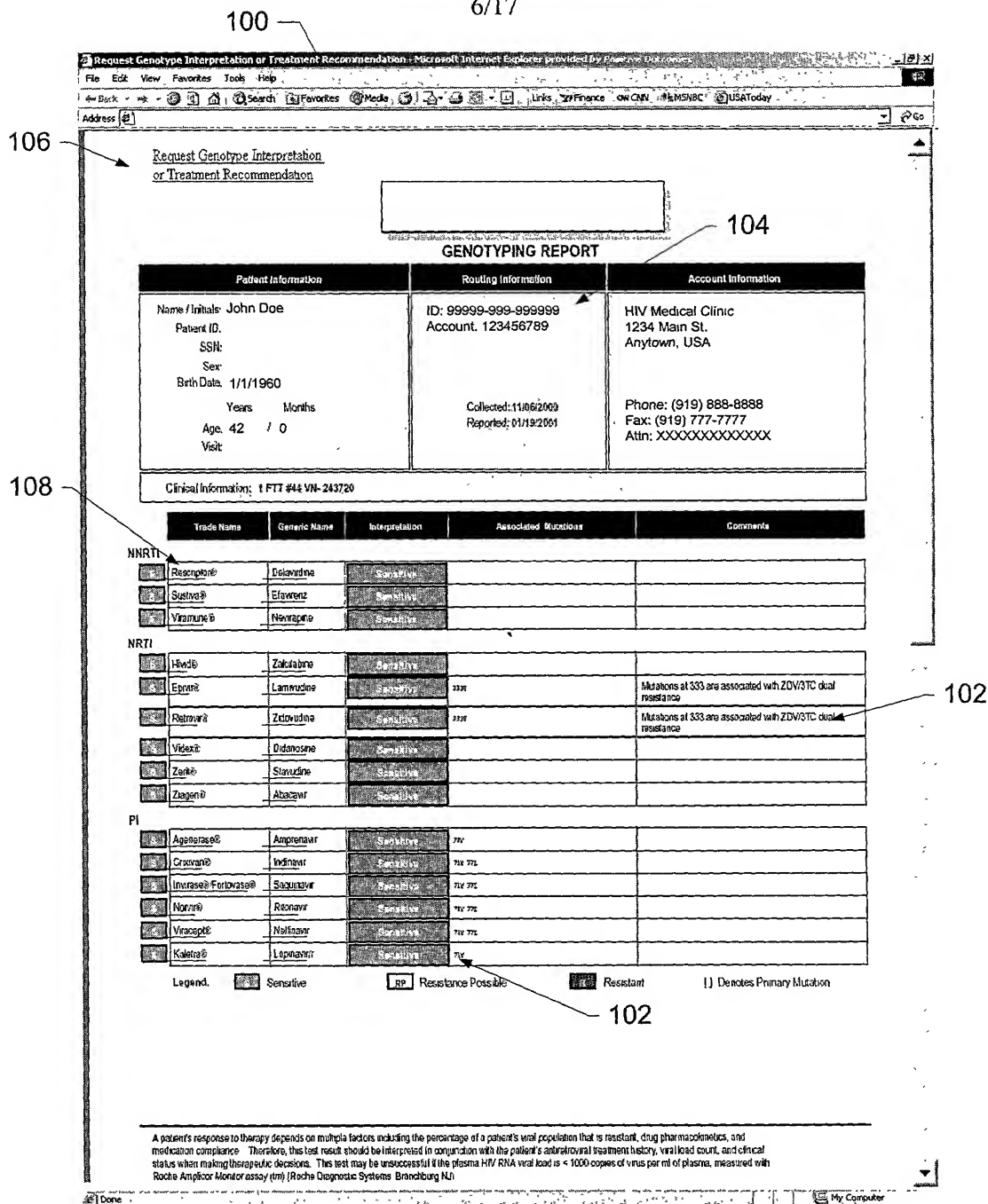


FIG. 6.

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**FIG. 7.**

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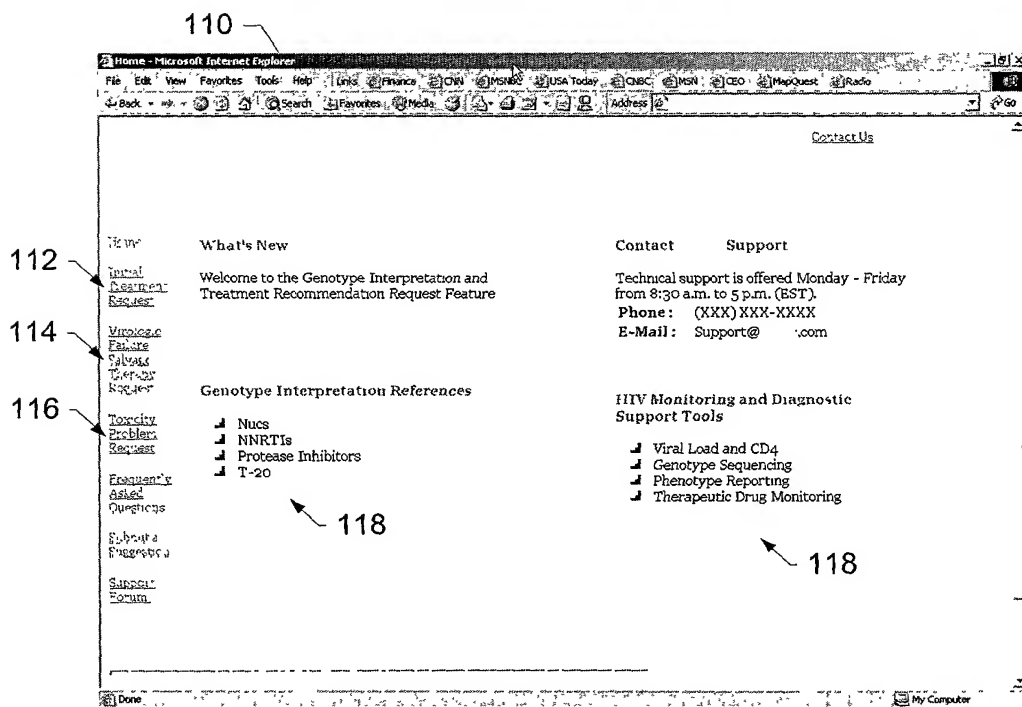


FIG. 8.

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Contact Us  
Web Updater Configuration Service

### Genotype Interpretation and Initial Treatment Request Form

Specimen No. XXXXXXXXXXXX Collection Date: dd-mm-yy

Gender: ☐ Male ☐ Female Age: Height: inches Weight: lbs. BMI: xxx

Suspected Date of Serconversion: (specify mm-dd-yyyy)

CD4 count at time of diagnosis:

Most recent CD4 count: date of: , next most recent CD4 count: date of:

Most recent viral load: date of: ; next most recent viral load: date of:

Prevalence of clinical symptoms:  
☐ fever ☐ weight loss ☐ night sweats ☐ adenopathy

Comments:

Co-morbidities:  
☐ Hepatitis ☐ Active-TB ☐ Diabetes ☐ Hypercoagulable states  
☐ Depression or other mental disorder

Comments:

ADL Issues:  
☐ Regular Meals ☐ Working ☐ Frequent travel

Comments:

Patient Preferences

Assessment of Patient's Ability to Adhere to Therapy

Resistance Report

| Resistance Mutations | Polymerase  | Resistance (according to genotype)                           |
|----------------------|-------------|--|
| 333 G                | 712<br>11 V | Mutations at 333 are associated with ZDV/3TC dual resistance |

Terms of use: 102 102

I Agree to the Terms of Use - Submit My Request Reset Form Cancel Request

Today's Date: October 25, 2001

My Computer

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FIG. 9.



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**FIG. 10.**

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FIG. 11.

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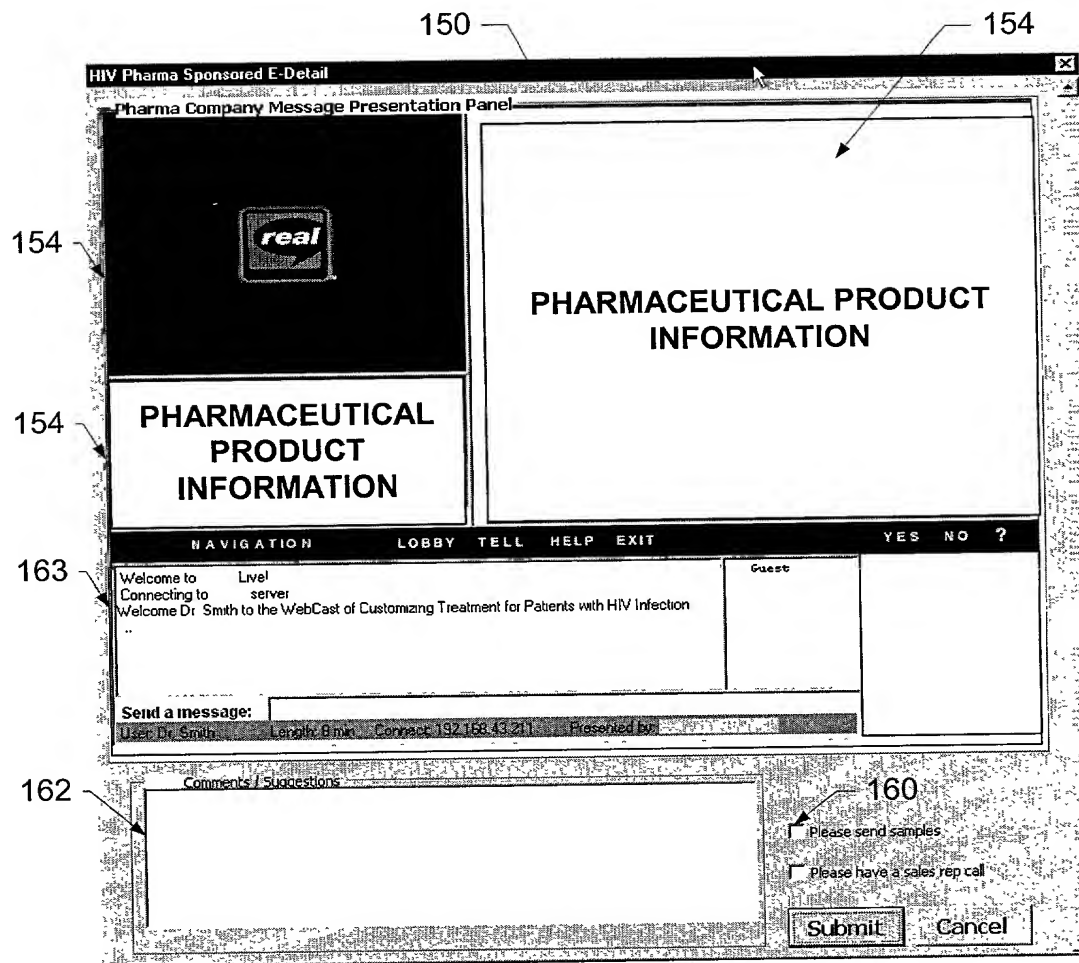


FIG. 12.

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**Presented by XYZ Pharmaceutical Company**

**Pharmaceutical Product Information**

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Index  
Healthcare Professionals  
Consumer Information  
HIV Resource Center

Click below to listen to our current  
radio advertisements for Combivir

Quicktime These audio files require the use of Quicktime to listen. If you do not have this plug-in please click  
on the link to the left to download a copy

Ad 1 Ad 2

Real Player These audio files require the use of Real Audio to listen. If you do not have this plug-in please click  
on the link to the left to download a copy

Ad 1 Ad 2

Complete Prescribing Information for COMBIVIR® Tablets (Combivir) [Click here to view the PDF document](#)

Complete Prescribing Information is provided in Adobe's Portable Document Format (PDF). To view these documents you will  
need the Adobe Acrobat Reader.

HIV Resource Center | Combivir Del. Test | Combivir-Del. Test | Microsoft FrontPage

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Comments:

Dear Pharmaceutical Company,  
I have a suggestion

☐ I would like the favor of a reply.

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Participate in a Survey regarding ... **Enter Survey**

☐ Please have a sales associate follow up with me ☐ Please supply me with additional samples.

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Submit Reset

Done My Computer

**FIG. 13.**

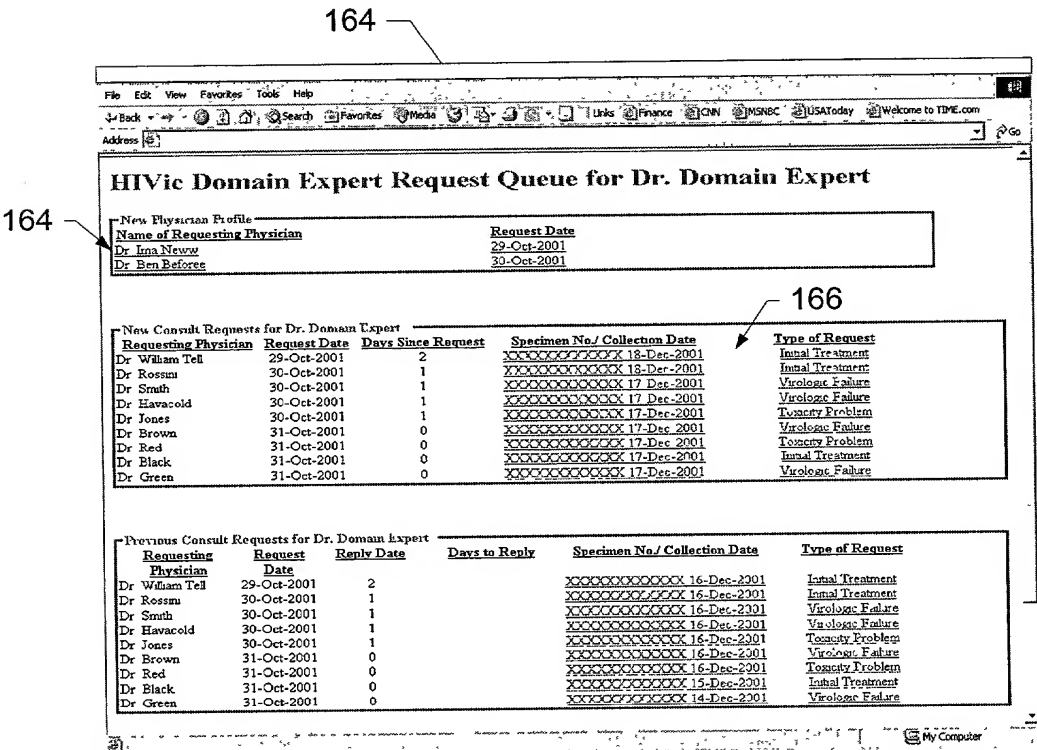


FIG. 14.

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New Physician - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links France CNN MSNBC USA Today CNBC MSN CEO MapQuest Radio

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### New Physician Request

Requesting Physician Profile

Name Dr. Ima Neww

Practice Jersey Shores Medical

User Since 28-Oct-2001

Professional Background

Accept to my Request Queue Reject Request (Return to Index)

Done My Computer

FIG. 15.

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FIG. 16.

**Initial Treatment Reply**

Specimen No. XXXXXXXXXXXXXXXX Collection Date: dd-mm-yy

**Patient Profile**

Gender: Male Age: 27 Height: 72 in Weight: 162 lbs BMI: 22.6

Suspected Date of Seroconversion: Feb 2001

CD4 count at time of diagnosis: 579

Most recent CD4 count: 525 on 29 Sep 2001, Next most recent CD4 count: 550 on 1 Jul 2001

Most recent viral load: 8400 on 29 Sep 2001, Next most recent viral load: 1100 on 1 Jun 2001

**Clinical Symptoms** (fever, weight loss)

Comments input by requesting physician on request form relative to clinical symptoms

**Co-Morbidities** (Hypertension, Diabetes, Depression)

Comments input by requesting physician on request form relative to co-morbidities

**ADL Issues** (Patient eats regular meals, Patient is working)

Comments input by requesting physician on request form relative to ADL issues

**Patient Preferences**

Comments input by requesting physician on request form relative to patient's preferences

**Assessment of Patient's Ability to Adhere to Therapy**

Comments input by requesting physician on request form relative to patient's ability to adhere to therapy

**Resistance Mutations**

**Polymorphisms**

**Resistance (base on drug genotype)**

Mutations at 32- are associated with ZDV/3TC dual resistance

**Suggested Drug Regimens - Check if you want the following printed on your reply**

☐ "This isolate does not show genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

☐ "This isolate shows genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

**First Regimen (check all that apply)**

| Nucleosides                  | NNRTIs                            | Protease Inhibitors                 | Other                                |
|------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZDV | <input type="checkbox"/> ddI      | <input type="checkbox"/> d4T        | <input type="checkbox"/> Delavirdine |
| <input type="checkbox"/> ddI | <input type="checkbox"/> 3TC      | <input type="checkbox"/> Efavirenz  | <input type="checkbox"/> Indinavir   |
| <input type="checkbox"/> ddC | <input type="checkbox"/> abacavir | <input type="checkbox"/> Nevirapine | <input type="checkbox"/> Saquinavir  |
| <input type="checkbox"/>     | <input type="checkbox"/>          | <input type="checkbox"/> Any NNRTI  | <input type="checkbox"/> Amprenavir  |
|                              |                                   |                                     | <input type="checkbox"/> Ritonavir   |
|                              |                                   |                                     | <input type="checkbox"/> Nelfinavir  |
|                              |                                   |                                     | <input type="checkbox"/> Hydroxyurea |
|                              |                                   |                                     | <input type="checkbox"/> Foscarnet   |

Comments

**Second Regimen (check all that apply)**

| Nucleosides                  | NNRTIs                            | Protease Inhibitors                 | Other                                |
|------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZDV | <input type="checkbox"/> ddI      | <input type="checkbox"/> d4T        | <input type="checkbox"/> Delavirdine |
| <input type="checkbox"/> ddI | <input type="checkbox"/> 3TC      | <input type="checkbox"/> Efavirenz  | <input type="checkbox"/> Indinavir   |
| <input type="checkbox"/> ddC | <input type="checkbox"/> abacavir | <input type="checkbox"/> Nevirapine | <input type="checkbox"/> Saquinavir  |
| <input type="checkbox"/>     | <input type="checkbox"/>          | <input type="checkbox"/> Any NNRTI  | <input type="checkbox"/> Amprenavir  |
|                              |                                   |                                     | <input type="checkbox"/> Ritonavir   |
|                              |                                   |                                     | <input type="checkbox"/> Nelfinavir  |
|                              |                                   |                                     | <input type="checkbox"/> Hydroxyurea |
|                              |                                   |                                     | <input type="checkbox"/> Foscarnet   |

Comments

**Third Regimen (check all that apply)**

| Nucleosides                  | NNRTIs                            | Protease Inhibitors                 | Other                                |
|------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZDV | <input type="checkbox"/> ddI      | <input type="checkbox"/> d4T        | <input type="checkbox"/> Delavirdine |
| <input type="checkbox"/> ddI | <input type="checkbox"/> 3TC      | <input type="checkbox"/> Efavirenz  | <input type="checkbox"/> Indinavir   |
| <input type="checkbox"/> ddC | <input type="checkbox"/> abacavir | <input type="checkbox"/> Nevirapine | <input type="checkbox"/> Saquinavir  |
| <input type="checkbox"/>     | <input type="checkbox"/>          | <input type="checkbox"/> Any NNRTI  | <input type="checkbox"/> Amprenavir  |
|                              |                                   |                                     | <input type="checkbox"/> Ritonavir   |
|                              |                                   |                                     | <input type="checkbox"/> Nelfinavir  |
|                              |                                   |                                     | <input type="checkbox"/> Hydroxyurea |
|                              |                                   |                                     | <input type="checkbox"/> Foscarnet   |

Comments

**General Comment**

Submit Reply to Requesting Physician

Reset Form

Today's Date and Time: 11/13/2001 02:41 PM





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Address  Go

### Toxicity Problem Reply

Specimen No. XXXXXXXXXXXXXXXX Collection Date dd/mm/yy

Patient Profile: Age 39 Height 72 in Weight 164 lbs BMI 22.6  
Gender Male  
Suspected Date of Seroconversion 1 Oct 2001  
CD4 count at time of diagnosis 749  
Most recent CD4 count 527 on 29 Sep 2001; Next most recent CD4 count 550 on 1 Jun 2001  
Most recent viral load 1600 on 19 Sep 2001; Next most recent viral load 1106 on 1 Jun 2001

**HAAART History - Current Medications**

| Medication  | Start Date | Stop Date | Reason for Discontinuation |
|-------------|------------|-----------|----------------------------|
| Didanosine  | 12/15/1997 |           | Severe Nausea              |
| Zalcitabine | 12/15/2000 |           |                            |
| Saquravir   | 12/15/2000 |           |                            |

**HAAART History - Previous Medications**

Co Morbidities: Hepatitis C Diabetes (Type 2) Asymptomatic  
Comments: us by requesting physician on request form relative to co morbidities  
ADT Issues: Patient not on therapy Patient is working  
Comments: us by requesting physician on request form relative to ADT issues  
Patient Preferences: Comments: us by requesting physician on request form relative to clinical symptoms  
Assessment of Patient's Ability to Adhere to Therapy: Comments: us by requesting physician on request form relative to patient's ability to adhere to therapy

**Patient Resistance Rep**

| Resistance Mutation | Resistance | Resistance |
|---------------------|------------|------------|
| NRTI                | Protease   | Integrase  |
| 235 T               | 71 T       | 77 V       |

Resistance at 235 not associated with ZDV-3TC drug resistance

**Suggested Drug Regimen - Check if you want the following printed on your reply**

☐ "This isolate does not show genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

☐ "This isolate shows genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

**First Regimen (check all that apply)**

| Nucleosides                  |                              | NRTIs                                |                                      | Protease Inhibitors                 |                                     | Other                                |
|------------------------------|------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZDV | <input type="checkbox"/> ddI | <input type="checkbox"/> ddC         | <input type="checkbox"/> ABC         | <input type="checkbox"/> Indinavir  | <input type="checkbox"/> Ritonavir  | <input type="checkbox"/> Hydroxyurea |
| <input type="checkbox"/> ddI | <input type="checkbox"/> 3TC | <input type="checkbox"/> Stavudine   | <input type="checkbox"/> Zalcitabine | <input type="checkbox"/> Saquinavir | <input type="checkbox"/> Nelfinavir | <input type="checkbox"/> Foscarnet   |
| <input type="checkbox"/> ddC | <input type="checkbox"/> ABC | <input type="checkbox"/> Zalcitabine | <input type="checkbox"/> Any NRTI    | <input type="checkbox"/> Amprenavir | <input type="checkbox"/>            | <input type="checkbox"/>             |

Comments

**Second Regimen (check all that apply)**

| Nucleosides                  |                              | NRTIs                                |                                      | Protease Inhibitors                 |                                     | Other                                |
|------------------------------|------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZDV | <input type="checkbox"/> ddI | <input type="checkbox"/> ddC         | <input type="checkbox"/> ABC         | <input type="checkbox"/> Indinavir  | <input type="checkbox"/> Ritonavir  | <input type="checkbox"/> Hydroxyurea |
| <input type="checkbox"/> ddI | <input type="checkbox"/> 3TC | <input type="checkbox"/> Stavudine   | <input type="checkbox"/> Zalcitabine | <input type="checkbox"/> Saquinavir | <input type="checkbox"/> Nelfinavir | <input type="checkbox"/> Foscarnet   |
| <input type="checkbox"/> ddC | <input type="checkbox"/> ABC | <input type="checkbox"/> Zalcitabine | <input type="checkbox"/> Any NRTI    | <input type="checkbox"/> Amprenavir | <input type="checkbox"/>            | <input type="checkbox"/>             |

Comments

**Third Regimen (check all that apply)**

| Nucleosides                  |                              | NRTIs                                |                                      | Protease Inhibitors                 |                                     | Other                                |
|------------------------------|------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZDV | <input type="checkbox"/> ddI | <input type="checkbox"/> ddC         | <input type="checkbox"/> ABC         | <input type="checkbox"/> Indinavir  | <input type="checkbox"/> Ritonavir  | <input type="checkbox"/> Hydroxyurea |
| <input type="checkbox"/> ddI | <input type="checkbox"/> 3TC | <input type="checkbox"/> Stavudine   | <input type="checkbox"/> Zalcitabine | <input type="checkbox"/> Saquinavir | <input type="checkbox"/> Nelfinavir | <input type="checkbox"/> Foscarnet   |
| <input type="checkbox"/> ddC | <input type="checkbox"/> ABC | <input type="checkbox"/> Zalcitabine | <input type="checkbox"/> Any NRTI    | <input type="checkbox"/> Amprenavir | <input type="checkbox"/>            | <input type="checkbox"/>             |

Comments

**General Comment**

Submit Reply to Requesting Physician  Resubmit  Cancel

Today's Date and Time: 31-Oct-2001 2:45pm

My Computer

FIG. 18.